

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>12/14/04</u>		2 Serial/Patent # <u>09/711,853</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 15%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Extension of Time <u>1253</u></td><td></td><td></td><td>\$ <u>980.</u></td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$	<input checked="" type="checkbox"/>	Extension of Time <u>1253</u>			\$ <u>980.</u>		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ <u>980.</u></div>			
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Overpayment</td></tr> <tr><td></td><td>Duplicate Payment</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>			Overpayment		Duplicate Payment	<input checked="" type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Treasury Check</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> </table>				Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:																																								
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THE EXTENSION OF TIME PERIOD IS OVER, NO EXTENSION FEE IS DUE.																																																						
11 REFUND REQUESTED BY:																																																						
TYPED/PRINTED NAME: <u>IRVIN DINGLE</u>		TITLE: <u>PAA/CMA</u>																																																				
SIGNATURE: <u>[Signature]</u>		PHONE: <u>(571) 272-8210</u>																																																				
OFFICE: <u>Patents</u>																																																						
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																						
APPROVED: <u>[Signature]</u>		DATE: <u>12/14/04</u>																																																				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

Adjustment Date: 12/15/2004
 Adjustment Amount: 980.00
 Adjustment Code: 02 FC:1253